

Topic:	Assistive Devices and Technology
Date Issued/Updated:	October 1, 2016 – Amendment to October 15, 2015 Worker Guide

Overview

Description: This guide will describe the policies and procedures related to identifying the parameters in which Assistive Devices and Technology may be approved for funding through the K-Plan.

Purpose/Rationale: With the proliferation of general market as well as specialized market devices and technological products ranging from iPads to specialized car seats, Assistive Devices and Technology continue to provide opportunities for individuals who experience intellectual and developmental disabilities to more independently engage in preferred home and community activities.

Applicability: Brokerages, CDDPS and CIIS through their service coordination efforts, must follow the procedures outlined in this guideline when considering the inclusion of and approval for assistive devices and technology in an individual's support plan.

Procedure(s) that apply:

When considering the purchase of adaptive devices/technology, it is expected that the item increase the individual's independence and decrease the individual's need for human assistance. In addition, the intent of ODDS is to meet the assessed ADL/IADL or behavioral support needs of individuals enrolled in its programs. To this extent, the funding of adaptive devices and technology is governed by the following parameters:

1. When considering the purchase of adaptive devices/technology, it is expected that the case manager only consider an item that directly meets the assessed need of the individual. To this end, professional clinical documentation supporting the efficacy of the item must be obtained.

Example: *An individual is requesting an iPad with a communication software in order to increase independence and decrease the need for human intervention. Clinical support for this request may include, but not be limited to a letter of support from a speech therapist, occupational therapist or Autism specialist.*

Example: *An individual is requesting an adaptive car seat that includes supports customized to that individual's needs. Clinical support for this request may include but not be limited to a letter of support from a medical provider or occupational therapist.*

2. When a single item costs over \$500 or a bundle of like-service items that meet the same assessed need cost over \$500 in total, the case manager must submit a Funding Review request to ODDS.

Example: An individual is requesting an iPad and communication software. The iPad costs \$460.00, the communication software costs \$250.00 and shipping costs \$35.00. The total combined costs (\$745.00 in this example) must be considered when deciding if an ODDS Funding Review request is appropriate.

3. When considering the purchase of an assistive device/technology, keep in mind that assistive devices are not intended to provide a mechanism to restrain the individual or otherwise impede the individual's freedom of movement when such restriction is not intended for medical or safety purposes. Rather, assistive devices are intended to enhance and promote independence while decreasing if not eliminating the need for human assistance.

Example: An adaptive car seat ensures the safe travel of an individual who otherwise could not utilize a vehicle's seatbelt system or non-adaptive car seat. This item may be approved for purchase, as it addresses a safety need.

4. While it is not required that the case manager obtain three price quotes for a device, it is expected that the case manager exercise due diligence in authorizing a cost-effective resource (in other words, do some shopping around to find the best cost, taking into account shipping cost if ordered from an Internet site). These efforts should be documented in a progress note.
5. ODDS, in its responsibility to manage the expenditure of Medicaid funds in a prudent and responsible manner, shall employ a high scrutiny with regard to devices and techniques that do not already hold an FDA approval. The K-Plan will not fund any purchase that is not generally accepted by the relevant mainstream professional or academic community as an effective means to address an identified support need. Neither will funds be used to purchase services, supplies, or supports that are illegal, experimental, or determined unsafe for the general public by recognized consumer product safety agencies.
6. When considering the purchase of assistive devices/technology, ODDS expects that the use of K-Plan funds are a last resort after exploring other funding avenues, such as health insurance, grants or alternate funding sources. Exploration of other funds should be documented in progress notes.
7. The steps to fulfill the requirement that health insurance coverage has been considered include the following:
 - a) Insurance coverage through the Oregon Health Plan (OHP)
 - i. The individual or his/her designated representative will first discuss with the individual's ISP team and when appropriate, a clinician, the need for the requested item.
 - ii. For individuals who have their OHP coverage through an OPEN card, follow the procedures outlined in [APD-PT-16-037](#)
 - iii. For individuals who have their OHP coverage through a Coordinated Care Organization, they or their designated representative must contact the CCO to find out their particular process for obtaining prior authorization denials. Since they have access to discretionary funds particular to their CCO, some CCOs may or may not cover a particular requested item.
 - iv. For individuals dually enrolled with OHP (Open Card or CCO) and a private insurance provider, a prior authorization denial must be obtained from both

OHP and the private insurance providers before authorizations may be made by the case manager for the requested item(s).

- b) Private Insurance Plans: For individuals who have a private insurance carrier, the case manager or family member will have to go through that carrier's particular claims process. A written or emailed letter from the insurance provider documenting that the benefit has been denied, or is not available to purchase will suffice to meet the requirement that alternative funding sources have been considered prior to K-Plan funding. A document denying coverage of the item must be kept in the individual's file and should be included with any Funding Review request related to the item.

Form(s) that apply:

[Oregon ISP](#) and accompanying forms

[Form 0514DD](#) – Request for Funding Review or Exception

When a single item costs over \$500 or a bundle of like-service items that meet the same assessed need cost over \$500 in total, the Service Coordinator/Personal Agent must submit a Funding Review request

[Form MSC0373](#) – Oregon Health Benefits Inquiry Request

Definition(s):

"Assistive Devices" mean the devices, aids, controls, supplies, or appliances that are necessary to enable an individual to increase the ability of the individual to perform ADL or to perceive, control, or communicate with the environment in which the individual lives.

"Assistive Technology" means the devices, aids, controls, supplies, or appliances that are purchased to provide additional security for an individual and replace the need for direct interventions to enable self-direction of care and maximize independence of the individual.

Reference(s):

OAR 411-435-0020(3),(4);411-435-0050(4),(5); 411-317-000(57)

[In-Home Expenditure Guidelines](#)

Frequently Asked Questions:

Q. ODDS requires professional clinical support for the purchase of an item. Does ODDS accept letters of support from school professionals, such as school Autism Specialists, Speech Therapists and OTs?

A. Yes.

Q. When do I need to consider a request for multiple items to be a single request?

A. When multiple requested items are designed to meet a single need, then this constitutes a single request and the cumulative cost of the items must be considered with regard to ODDS policy regarding a funding exception request (See the current In-home Expenditure Guidelines for further details and examples).

Q: How do I decide if an item needs prior authorization or not?

A: Look in the [DME Rule Book](#) to see if the requested item is even addressed in the rule book. If the item is not addressed, put an N/A in that section of the HSD request form.

Q: How do I find an item's HCPCS code?

A: Use the [Find-A-Code](#) link to determine if a requested item has a HCPCS code. If the item does not have a HCPCS code, put an N/A in that section of the HSD request form.

Q: Can I use this same process and form for CCOs?

A: No, this process and form is only for individuals who have an OHP-Open card.

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